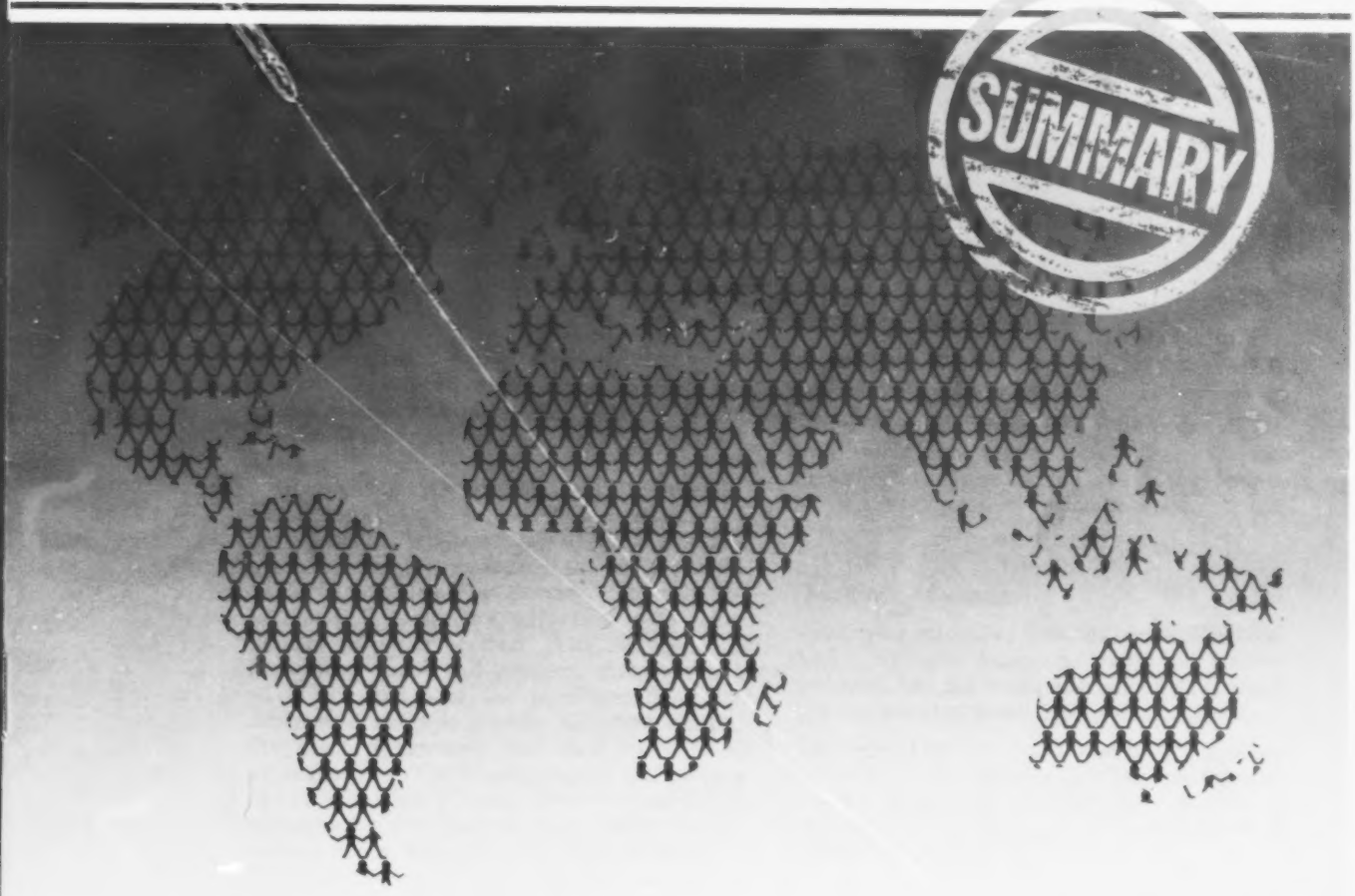
THE STATE OF THE WORLD'S CHILDREN 1990



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THE STATE OF THE WORLD'S CHILDREN 1990

A Summary

The following is a summary of the State of the World's Children report for 1990, issued by the Executive Director of UNICEF, James P. Grant. For details of the full report, please see back cover.

Great change is in the air as the 1990s begin. And great change is needed if a century of unprecedented progress is not to end in a decade of decline and despair for half the nations of the world. In many countries poverty, child malnutrition and ill health are advancing again after decades of steady retreat. And although the reasons are many and complex, overshadowing all is the fact that the governments of the developing world as a whole have now reached the point of devoting half their total annual expenditures to the maintenance of the military and the servicing of debt. These two essentially unproductive activities are now costing the nations of Africa, Asia and Latin America almost $1 billion every day, or more than $400 a year for each family in the developing world. The sums involved are so large that it is difficult to see them in any steady perspective. *Debt and interest payments* in 1988, the latest year for which figures are available, totalled $178 billion – three times as much as all the aid received from the industrialized countries. *Military spending* in the developing nations amounted to $145 billion – an annual expenditure which would be enough to end absolute poverty on this planet within the next ten years, enabling people everywhere to meet their own and their children's needs for food, water, health care and education.

It is therefore obvious that for much of the world, some significant reduction in debt servicing and defence spending has become the *sine qua non* of a resumption in human progress.

The winds of change

But as we enter the 1990s, the winds of political change are again beginning to stir the human condition. And the most important of the changes they are bringing is the thaw in the cold war.

More rapidly than could have been imagined, the result has been a defusing of regional tensions and the beginning of what may become a fundamental re-examination of present levels of military expenditure.

Armed conflicts still scar the surface of the planet. But fewer wars are being fought in the world at this moment than at any time in the last half-century. And in some developing countries, including China, India and Pakistan, which together account for half the population of the third world, levels of military spending have begun to fall for the first time in fifty years.

It is therefore not impossible to think in terms of an outbreak of peace – with far-reaching consequences for every other aspect of the human

endeavour. At present, total military expenditures, in both industrialized and developing worlds, easily exceed *the combined annual incomes of the poorest half of humanity*. The diversion of even 5% or 10% of this vast sum would be enough to reaccelerate progress towards a world in which the basic human needs of all were met.

The environmental challenge

There would of course be no shortage of new challenges in a world struggling free of its preoccupation with war. But alongside the great social and environmental issues, and inseparably linked to them, there remains the quieter but even more fundamental claim of the 1 billion people, a fifth of mankind, who still lack adequate food, clean water, elementary education, and basic health care.

In particular, it is the concern of UNICEF to argue that the needs of *children*, and particularly of those millions of children who are still living and dying in malnutrition and ill health as the twentieth century draws to a close, should have first claim on our concerns and capacities, and on the even greater resources which may gradually be released if the world were indeed to move away from its long and wasteful preoccupation with war.

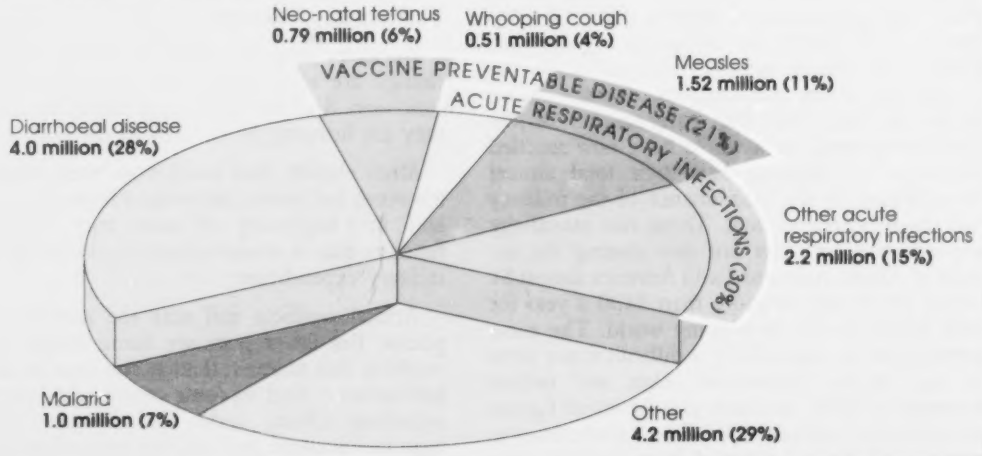
The largest generation

The moral dimension of this argument is of course familiar. It is the greatest condemnation of

Causes of child deaths

Almost two thirds of the 14 million child deaths each year are accounted for by just four specific causes – diarrhoea, respiratory infections, measles, and neo-natal tetanus. The great majority of these deaths could now be prevented at very low cost.

Annual deaths of children under five by main causes*



* For the purposes of this chart, one cause has been allocated for each child death. In practice, children often die of multiple causes and malnutrition is a contributory cause in approximately one third of all child deaths. Measles deaths are sometimes ascribed to acute respiratory infection as a severe case of measles renders a child highly susceptible to other infections and pneumonia is often the ultimate reason for a death for which measles is primarily responsible.

Source: WHO and UNICEF estimates.

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our times that more than a quarter of a million small children should still be dying *every week* of easily preventable illness and malnutrition. *Every day* measles, whooping cough and tetanus, all of which can be prevented by an inexpensive course of vaccines, kill almost 8,000 children. *Every day* diarrhoeal dehydration, which can be prevented at almost no cost, still kills almost 7,000 children. *Every day* pneumonia, which can be treated by low-cost antibiotics, kills more than 6,000 children.

Every single one of those deaths is the death of a child who had a personality and a potential, a family and a future. And for every child who dies, several more live on with malnutrition and ill health and are thereby unable to fulfil the mental and physical potential with which they were born. Death and suffering on this scale is simply no longer necessary; it is therefore no longer acceptable. Morality must march with capacity.

But as is often the case, the moral argument is ultimately inseparable from the practical. The long-term consequences of poverty will affect us all increasingly as we move towards a new millennium. Malnutrition means poor physical and mental growth, poor performance at school and at work; high child death rates mean high birth rates and rapid population growth; lack of education precludes people from contributing fully to, or benefiting fully from, the development of their communities; hopelessness and the denial of opportunity erodes self-respect and sows the seeds of almost insoluble social problems; entrenched injustices and the parading of unattainable wealth before the eyes of poverty provoke an instability and violence which often take on a life of their own; and, finally, it is becoming increasingly obvious that the extremes of deprivation preclude environmental sensitivity, forcing millions to over-exploit their surroundings in the name of survival.

A major renewal of effort to protect the lives and the development of children, and to end the worst aspects of poverty, would therefore be the greatest long-term investment that the human race could make in its future economic prosperity, political stability and environmental integrity.

The time to make that investment is now. One and a half billion children will be born in the decade of the 1990s. Towards the end of that decade, a historic turning-point will be reached as the number of children being born into the world finally reaches its peak and begins to decline. It is UNICEF's most fundamental belief, as the world struggles to free itself from the old preoccupation with war, that there could be no more important *new preoccupation* than protecting the lives and the development of the largest generation of children ever to be entrusted to mankind.

The rights of the child

In the closing years of the 1980s, several new developments and some practical achievements have suggested that this new priority for children may be beginning to emerge.

In both industrialized and developing worlds there is clearly a growing recognition that the physical, mental and emotional needs of the young are a legitimate matter of concern for a nation's political leaders. The President of the United States, for example, has expressed the belief that "*our national character can be measured by how we care for our children*". And in making the same point about the world's responsibility for its children, President Mikhail Gorbachev has stated simply that "*mankind can no longer put up with the fact that millions of children die every year at the close of the twentieth century*".

The growing importance of this issue may soon find expression in the first-ever *World Summit for Children* which was suggested in this report last year and which has since been endorsed by over 100 governments. Projected for the second half of 1990, the Summit would bring together Presidents and Prime Ministers from all regions of the world to discuss and draw world attention to the need for a new preoccupation with children. On the agenda would be the glaring opportunities now available for saving the lives of up to 50 million young children and protecting the normal growth of many millions more in the decade ahead. Chapter II of the full text of the 1990 *State of the World's Children* report is devoted to a discussion of the six most obvious and universal of those opportunities and is intended as

a specific input to the preparations for the Summit.

A *Summit for Children* would also consider another major development in the emergence of this priority.

After ten years of detailed negotiations, the *Convention on the Rights of the Child* has finally been brought before the General Assembly of the United Nations. Setting minimum standards of protection for children's survival, health and education, as well as providing explicit protection against exploitation at work, against physical or sexual abuse, and against the degradations of war, the Convention is the first agreement among the nations of the world on the legally defined rights of the child. Like many such documents in history, it is the statement of an ideal which few if any nations have so far achieved. But as more and more nations ratify its text and begin to enact its provisions into national law, and as the press and public become more concerned to ensure its observance, it may gradually become the standard below which any civilized nation, rich or poor, will be ashamed to fall.

The principle of first call

Transcending its detailed provisions, the *Convention on the Rights of the Child* embodies a fundamental principle which UNICEF believes should affect the course of political, social and economic progress in all nations over the next decade and beyond. That principle is that the lives and the normal development of children should have *first call* on society's concerns and capacities and that children should be able to depend upon that commitment in good times and in bad. In other words, protection for the lives and the growth of children should not have to depend on the vagaries of adult society, on whether a country is at war or at peace, on whether a particular party is in power, on whether the economy has been well managed or bungled, on whether debts have been paid or rescheduled, on whether commodity prices have fallen or risen, or on any other trough or crest in the endless and inevitable undulations of political and economic life in the modern nation state.

If the trench of such a principle could be dug across the battlegrounds of political and economic change in the decade ahead, then civilization itself would have made a significant advance. Failure to protect the physical, mental and emotional development of children is the principal means by which humanity's difficulties are compounded and its problems perpetuated. And *special measures* to protect children from the inadequacies and mistakes of the adult world is a principal means by which many of mankind's most fundamental problems might ultimately be confronted.

Children paying debts

Nothing could demonstrate the need for this principle more clearly than the impact of the debt crisis on children. For if the principle of first call had already been entrenched in the conscience of nation states and of the international community, then the story of these years for many millions of the world's children would have been very different. As it is, the lack of *specific protection* afforded to children during the process of economic adjustment has meant that the heaviest burden of the debt crisis has undoubtedly fallen on the growing minds and bodies of the rising generation.

First of all, the poorest and most vulnerable children have paid the third world's debt with the sacrifice of their *normal growth*.

Over the course of the 1980s, average incomes have fallen by 10% in most of Latin America and by over 20% in sub-Saharan Africa. For the very poorest, those who are forced to spend three quarters of their incomes on food, cuts in income on this scale cannot mean anything else but the malnourishment of their children.

Second, the poorest and most vulnerable children have paid the third world's debt with their *health*.

Over the last few years, a decline in health spending per person has been documented in more than three quarters of the nations of Africa and Latin America. Hundreds of health clinics have been closed down, and many which remain

open are understaffed and lacking essential supplies.

Fragmentary evidence of the tragic and inevitable results is gradually becoming available. Infant mortality, for example, is known to have risen in parts of Latin America and Africa south of the Sahara.

Third, the poorest and most vulnerable children have also paid the third world's debt with the loss of their only opportunity to be *educated*.

In the 37 poorest countries, spending per head on schools has declined by approximately 25% in the last decade. In one out of five developing countries, primary student numbers have actually started declining. In two out of every three developing countries spending per student has declined in real terms since 1980.

Ways and means of reversing the trend will be the dominant item on the agenda of the first *World Conference on Education for All* to be held in Thailand in March 1990.

Adjustment with a human face

It is for all of these reasons that, throughout the 1980s, UNICEF has advocated a strategy of 'adjustment with a human face'. No economic theory or political ideology can justify even a temporary sacrifice of children's growing minds and bodies. And it makes both economic sense and human sense to protect the poor and the vulnerable – and especially the children – when economies have to be adjusted to new and more difficult external circumstances.

In many countries, the sheer scale of the debt crisis means that specific action to protect children is unlikely to be sufficient without some significant progress against the problem of debt itself.

Unfortunately, the debt crisis has now become the debt trap. The way out is through a return to healthy economic growth, but the hard-won surpluses which should be available to invest in that growth are instead being sluiced away into the servicing of the debt itself.

The debt crisis therefore casts its shadow across the next decade as well as the last.

There are some small signs of hope. In the last two years, the total debt of the developing world has fallen for the first time since the debt crisis began in the early 1980s. And although debt service ratios have not yet begun to decline, there is at least a growing recognition that more drastic and decisive action on debt – including the writing-off of most of the remaining debts owed by Africa to the governments of the Western industrialized nations, and further reductions in the commercial debts of many Latin American countries – is in the interests of both industrialized and developing worlds.

But *in the process* of struggling to release this second of the two great brakes on human progress, it is also essential that the international community make a major new commitment to the spirit of the *Convention on the Rights of the Child* and to the fundamentally more civilized principle that the protection of children's lives and development should be the last and not the first obligation to be sacrificed when times are hard.

Without such a commitment, it is inevitable that the lives, the health, the growth, and the education of millions of children in the 1990s will again be sacrificed on the altar of debt repayments and adjustment programmes.

Asia's challenge

The impact of the debt crisis on children is one illustration of the need for a new ethic to protect children in times of turbulence and transition. But it would be a mistake to assume that this new ethic is needed only in the poorest countries or only in the most extreme cases of economic hardship or civil turmoil.

In both the United States and the United Kingdom, for example, ten years of steady economic growth has been accompanied by a doubling of the number of homeless families. And while the safety nets of social services have slowly frayed, the number of children living in poverty in the United States has risen by more than 3 million (from 11% of the child population in 1979

to over 15% today). Such figures – and they are not confined to the United States – represent just as great a violation of the new ethic embodied in the *Convention* as anything which has happened in the debt-affected countries of the developing world over the last decade.

This same principle also applies to those developing countries which have avoided the debt trap and maintained steady, and in some cases spectacular, rates of economic progress over the last decade. Much of Asia falls into this category. The dynamic exporting nations of East Asia are well-known examples, but the giant economies of China and India and the populous nations of Bangladesh, Pakistan and Thailand have also experienced ten years of rising per capita incomes and slow falls in the proportions of their populations living below the poverty line.

Some of those nations have consciously put economic growth to work for the well-being of their children. But many countries have seen steady economic gains *without* the equivalent social advance, showing that a conscious and specific commitment is necessary to translate the one into the other.

The problem of absolute poverty in the world still has its centre of gravity in South Asia. Approximately 40% of all the young children who die in the world each year, 45% of the children who are malnourished, 35% of those who are not in school, and over 50% of those who live in absolute poverty, are to be found in just three countries – India, Pakistan, and Bangladesh.

The principle of first call is therefore as relevant to Asia, as it moves into what may be another decade of significant economic progress, as it is in the most debt-burdened countries of Africa or Latin America.

In sum, the *Convention on the Rights of the Child* and its fundamental principle of first call for children on society's capacities and concerns is universally applicable. And as the world-wide adjustment of economies towards a greater role for market economics in almost all societies gets under way, that principle will become even more necessary to protect children from the turbulence that will be caused and the mistakes that will inevitably be made. As the problems facing the children of today's free market economies clearly show, the market-place can be a brutal place for those who lack the purchasing power to make it serve their needs. 'Adjustment with a human face', which UNICEF has advocated in relation to the developing world's debt crisis throughout the last decade, is therefore also relevant to the industrialized world, including the Soviet Union and the countries of Eastern Europe as they move towards the restructuring of their economic systems, and to the United States as it undergoes the adjustment of its own economy to the reality of its huge budget and trade deficits. Whatever the direction or cause of political and economic change in the adult world, children should be specially protected, as far as is humanly possible, from its worst effects.

The achievements of the 80s

The second half of the 1980s has also seen major practical breakthroughs towards this new ethic for children.

From very low levels at the beginning of the 1980s, immunization has now reached approximately two thirds of the developing world's children. From being almost unknown outside scientific circles a decade ago, oral rehydration therapy (ORT) is now being used by one family in every three. And from only 15% or 20% in the 1960s, effective methods of planning births are now being used by approximately 50% of all couples in their childbearing years.

The result is that the first two of these technologies alone are now estimated to be saving over 3 million young lives each year.

Immunization, in particular, has been the public health success story of the last decade. The target of 80% immunization coverage by the end of 1990 has been reached or brought within reach by most nations – and there is still one more year to go. The result is the saving of approximately 2 million children each year from death by measles, whooping cough or tetanus. In addition, there are an estimated one and a half million children growing up normally in the developing world

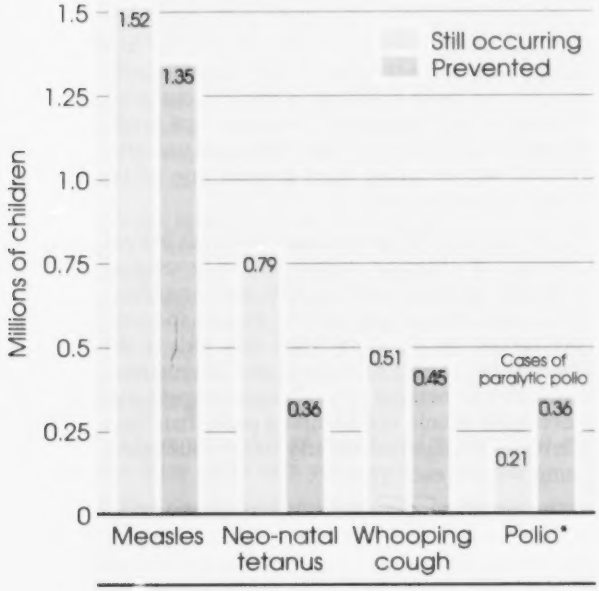
today who would be crippled by polio were it not for the immunization efforts of the last decade.

It is practical achievements of this kind which make it realistic to think of an emerging new ethic for children and a new priority for tackling the problems of malnutrition, preventable illness and early death, in the decade ahead.

Vaccines prevent two million deaths a year

Over two million child deaths a year are now being prevented by vaccines, but almost three million children are still dying, annually, from vaccine preventable disease. Tetanus toxoid immunization (to protect the mother-to-be and her new-born child) lags disastrously behind.

Vaccine preventable diseases: deaths, and cases of polio, prevented and still occurring, 1988



* The large increases in the number of polio cases prevented, over the last year, is caused mainly by the surge in polio immunization in China, where coverage has reached almost 95% in 1989.

Source: WHO and UNICEF: UCI Reports.

Present knowledge about such issues as immunization, dehydration, breast-feeding, child growth, respiratory infections, birth spacing, safe motherhood, malaria and the prevention of illness, make it possible, at an affordable cost, to build a wall of protection around the growing minds and bodies of the children of the 1990s. But fulfilling that potential, a potential to save the lives of well over 50 million children during the next decade and to protect the nutritional health and normal growth of many millions more, depends above all on the political commitment to give those children first call on our concerns and capacities.

Moving towards new national commitments to undertake that task, and new international commitments to support it, is the practical purpose of the proposed *World Summit for Children.*

The specific opportunities

On present trends, more than 100 million children will die from illness and malnutrition in the 1990s.

The causes of those deaths can be listed on the fingers of one hand. Most will die of dehydration caused by diarrhoea, or of pneumonia, or tetanus, or measles, or whooping cough. These five common illnesses, all relatively easy and inexpensive to prevent or treat, will account for over half of all child deaths and over half of all child malnutrition in the decade which lies ahead.

Low-cost vaccines, oral rehydration therapy, and antibiotics, could between them prevent most of this quiet carnage. And the time is overdue for these basic scientific advances to be put at the disposal of the whole human family rather than being restricted to the minority in the industrialized nations. The vaccines cost less than $1.50 per fully immunized child. Sachets of oral rehydration salts (ORS) cost approximately 10 cents each. A course of antibiotics costs approximately $1.

It is not only a question of money and technology. It is also a question of the delivery systems and the infrastructure, the management skills and the training, and the use of all possible channels to inform and support parents in

applying today's knowledge. But to put the problem into an overall perspective, the *additional costs*, including delivery, of a programme to prevent the great majority of child deaths and child malnutrition in the decade ahead might reach approximately $2.5 billion per year by the late 1990s.

Two and a half billion dollars is a substantial sum. It is 2% of the poor world's own arms spending. It is as much as the Soviet Union has been spending on vodka each month. It is as much as U.S. companies have been spending each year to advertise cigarettes. It is 10% of the European Economic Community's annual subsidy to its farmers. It is as much as the world as a whole spends on the military *every day*.

Whatever other reasons may be given, and however difficult the economic climate of the decade ahead may be, it is impossible to accept for one moment the notion that the world *cannot afford* to prevent the deaths and the malnutrition of so many millions of its young children.

Nor can it be accepted that the children at risk are too difficult to reach. Over the last 20 years, the developing world has revolutionized its capacity to communicate with the vast majority of its citizens: Newspapers, radio or television now reach into almost every home; education and health services now have some presence in almost every community; employers, trade unions and co-operatives are now in regular communication with their work-forces and memberships; retail industries, public services and advertising agencies regularly speak to a huge public; the voices of religion, of the non-governmental organizations, of the women's movements, of the arts and entertainment industries, now reach unprecedented audiences.

The deficit is therefore not primarily in the technology, nor in the finances, nor in the outreach capacity. It is in the awareness that the job can be done and in the determination to mobilize all possible resources to do it.

For the proposed *World Summit for Children*, and for all those who become involved in responding to this great challenge, what follows is a brief summary of the *six major opportunities* to protect the lives and the normal growth of children in virtually every developing country in the decade ahead.

1. Universal child immunization

Despite the rapid progress of the 1980s, immunization remains one of the greatest of all of those opportunities. Approximately 3 million children are still dying each year because they have not been immunized and because disease, malnutrition and death are more common among those children who have not yet been reached. It is therefore essential to maintain the momentum and reach 80% immunization coverage by the end of 1990 and over 90% coverage as soon as possible thereafter.

It is a matter of particular concern that the two biggest killers among the vaccine-preventable diseases – measles and neonatal tetanus – are the two for which immunization lags furthest behind.

Measles still claims 1.5 million young lives each year, and other illnesses and malnutrition are now known to be up to ten times more common in the months and years following a measles outbreak. Measles is therefore one of the single most deadly threats to the children of the 1990s and universal measles immunization must remain one of the decade's greatest goals.

Immunization against tetanus also trails behind. Coverage of pregnant women in the developing world still stands at less than 30%, and the number of recorded tetanus cases among women and newborn babies has therefore fallen very little in the 1980s. It is a matter of national and international shame that something so easily and inexpensively preventable should still be killing more than three quarters of a million infants and many thousands of young women each year.

The problems are many. But the 1980s have shown that high coverage can be achieved even in the poorest nations and even in the most difficult of economic times. In China, for example, still among the poorest twenty countries in the world, immunization coverage has already reached over 95% nation-wide for polio, DPT, measles, and BCG vaccines.

2. Oral rehydration therapy

To protect children from life-threatening and nutritionally damaging bouts of diarrhoeal disease, all families need to be informed that most diarrhoeal disease can be *prevented* by breast-feeding, by having children fully immunized, by using latrines, by keeping food and water clean, and by washing hands before touching food.

In the absence of basic services such as water supply and safe sanitation, not all families will be able to act on that information. But that does not mean that they do not have the right to know why it is that their children are so often ill or what it is that they themselves can do about it.

When illness does strike, parents should know that *food and liquid are essential*. It is not diarrhoea itself but the accompanying dehydration which kills two and a half million children each year*. And it is not anti-diarrhoeal drugs but oral rehydration salts (ORS), breast-milk, gruels, soup, rice water, fruit juices, tea, coconut water and clean water itself which can prevent that dehydration in almost all cases.

When diarrhoea is more serious than usual, *help is needed*. The technology required is a 10 cent sachet of oral rehydration salts which all health workers can keep in stock and which all parents can be taught how to use.

Some countries have made progress in training health workers to use the therapy. Even more widely, many nations have begun to put today's knowledge about preventing diarrhoeal dehydration at the disposal of parents. After a decade of such efforts, one third of the developing world's families know about the breakthrough and are attempting to put it into practice.

The result is that an estimated 1 million lives are now being saved each year.

The saving of 1 million lives each year is an impressive achievement. But more than 2 million children are still dying each year from diarrhoeal dehydration when an effective low-cost therapy has been available for nearly twenty years.

The question which would face a *World Summit for Children* is therefore whether or not the obvious thing will be done – will ORT be made as available and as well known as Coke and Pepsi or will we watch twenty-five million more children die of dehydration in the decade ahead?

3. Acute respiratory infections

Acute respiratory infections rank alongside diarrhoeal diseases as the major killers of the world's children. And again, parents need to know that many such infections can be prevented by breast-feeding, immunization and safe weaning. And as with dehydration, any parent of a child with a cough or cold needs to know the one symptom which means that the child's life is in danger. Scientists are now agreed on that one symptom. If a child is having difficulty in breathing or is breathing much more rapidly than normal, then it is essential to get the child to a clinic immediately. In most cases, the technology required to save life is a course of antibiotics, taken orally, and usually costing less than $1.

The question of whether antibiotics are to be made more widely available through primary level health workers is a question which must be resolved before the 1990s are more than a year or two old.

There is still debate about this issue. But WHO and UNICEF believe that enough evidence has now been accumulated to show that hundreds of thousands of children's lives could be saved each year if community health workers were trained in and entrusted with the use of simple, basic first-line antimicrobials such as cotrimoxazole which are inexpensive, easy to store, and likely to be effective in the majority of cases.

The studies will continue. But the time has now come to act on what we already know.

Oral antibiotics and oral rehydration therapy are two of mankind's most powerful instruments for the protection of its children. It is therefore essential that all health workers are empowered to

* Of the estimated 4 million child deaths per year from diarrhoeal disease, approximately 60% are now caused by dehydration and are therefore susceptible to ORT.

use them. Yet most community health workers today are forbidden to prescribe antibiotics and most have not been trained to use oral rehydration therapy. The training of all health workers in the use of these two technologies is therefore perhaps the greatest public health priority of the 1990s. It is the path by which almost every single developing country could reduce child illness and child deaths on a significant scale in the decade ahead.

Applying these solutions on the same scale as the problems would therefore be one of the most important and obvious agenda items for a *Summit for Children*. For it is clear that high-level political intervention is now necessary to overcome the obstacles and mobilize the resources to apply these known low-cost solutions to these known high-cost problems.

When a hundred of a country's citizens are killed in a plane crash or a rail accident, the event can be sure to demand the attention of press, public and politicians. When 4 million children a year are killed because two known and inexpensive solutions have not been made available, then this too ought to be worthy of the attention of nations and the intervention of political leaders.

4. Breast-feeding

Breast-feeding appears to be on the decline in many developing nations as commercial pressures, the use of milk powder and feeding bottles in hospitals, and the increased participation of women in the labour force all conspire to make bottle feeding seem the attractive option.

The continuation of this trend would be disastrous.

It has been consistently demonstrated, over many years and in many nations, that bottle-fed infants contract far more illnesses and are as much as 25 times more likely to die in childhood than infants who are exclusively breast-fed for the first six months of life.

That risk increases with poverty. In deprived and often illiterate communities, expensive powdered milks are often overdiluted with unsafe water and fed to infants from unsterilized feeding bottles. Malnutrition and infection result. Breast-feeding, by contrast, is nutritionally perfect, always hygienic, promotes healthy growth, 'immunizes' infants against common infections, helps prevent dehydration and reduces the severity of respiratory infections.

A minority of nations have acted on these facts by launching public information programmes and by enacting into law the WHO/UNICEF *International Code of Marketing of Breastmilk Substitutes* which is designed to promote the advantages of breast-feeding and to prevent the irresponsible promotion of feeding bottles and powdered baby milk for babies. It is a low-cost option for reducing both child deaths and child malnutrition in the decade ahead, and it is an option open to the political leadership of all nations.

5. Birth spacing

The majority of infant and 'maternal' deaths happen when births are more than four in total, or are closer together than two years, or are to women who are younger than 18 or older than 35. The timing of births is therefore also one of the most crucial of all factors affecting the health of mothers and children.

Empowering people with knowledge about the importance of timing births, and enabling them to act on that knowledge by providing culturally acceptable methods of family planning, therefore commands a place among today's outstanding opportunities for protecting the lives and the health of many millions of women and children.

Family planning is a controversial issue which generates passions and principles on all sides. But it touches and is touched by so many other facets of human progress that it cannot be ignored. There are today 300 million couples in the developing world who do not want any more children but who are not using any effective means of limiting family size. A strong demand for planning births therefore already exists. If that demand were to be met, then a number of major gains could be made:

First, there would be a steep reduction in the more than 100,000 illegal abortions which are

now performed *every day of the year* and in the 500 deaths of young women which are the *daily* result.

Second, there would be a significant improvement in the health of many millions of women who would be relieved of the enormous physical and mental burdens of having too many children too close together or at too early or too late an age. An estimated half a million women die every year of causes related to childbirth and a majority of those deaths could now be prevented by the well-informed spacing and timing of births.

Third, the lives of the children who *are* born would be immeasurably improved. Not only would child death rates fall, perhaps by as much as a third, but the quality of child care, of health, nutrition, and education, would inevitably rise as parents were able to invest more of their time, energy and money in a smaller number of children.

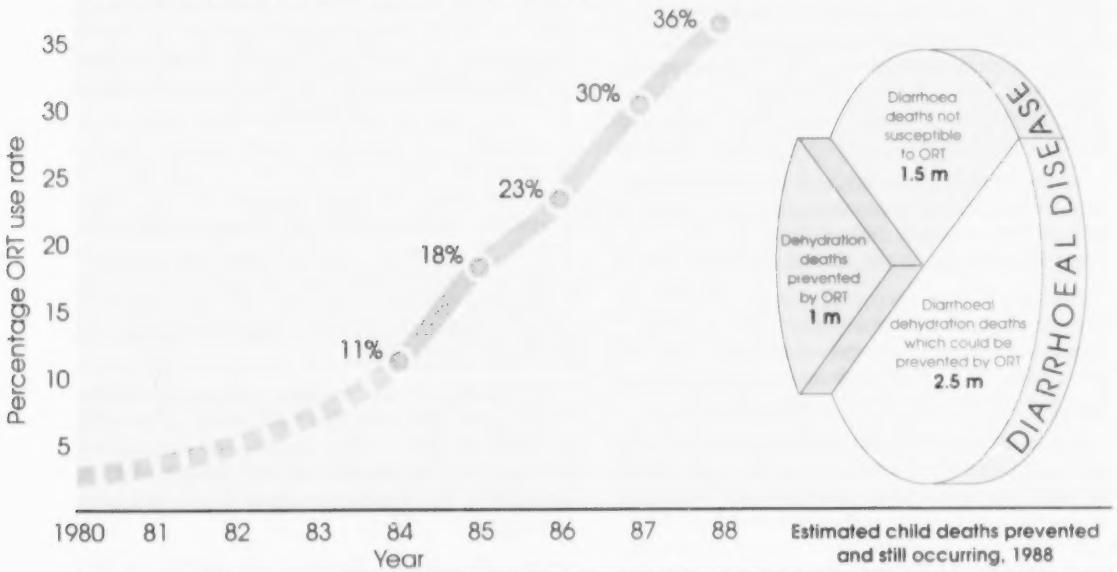
Fourth, population growth would be slowed. Evidence from the *World Fertility Survey* suggests that if women who do not want to become pregnant were empowered to exercise that choice

The spread of oral rehydration therapy

Low cost oral rehydration therapy (ORT) can be used to prevent or treat the dehydration, caused by diarrhoea, which is the single most common cause of death among children under-five.

Almost unknown at the beginning of this decade, ORT is now being used by one in three of the developing world's families and is preventing an estimated one million child deaths every year.

Percentage of children under five with diarrhoea being treated with ORT, annual deaths prevented and still occurring, developing countries*, 1984–88



For the purposes of this chart, ORT includes the use of both sachets of oral rehydration salts (known as ORS), recommended mainly for the treatment of dehydration, and also home-made solutions of salt and sugar or other fluids which are recommended for the prevention of dehydration.

Source: WHO (CDD) and UNICEF estimates.

* Excluding China.

then the rate of population growth in the developing world would fall by approximately 30%.

With so many substantial advantages to be had from the meeting of an *existing demand* at an *affordable cost*, the promotion of the knowledge and the means of timing births also lays claim to consideration as one of the first priorities of the 1990s.

6. The attack on malnutrition

For many parents, feeding children properly is made virtually impossible by famine, war, or absolute poverty. But one of the important advances in knowledge over the last decade has been the gradual realization that much of today's malnutrition, possible even the majority, resides in homes where adequate food is available, and that the culprit is just as likely to be frequent illness, poor health care and the lack of knowledge.

Common childhood illnesses – especially diarrhoea, measles, whooping cough and other respiratory infections – take away a child's appetite and lower food intake. Each illness also inhibits the absorption of food, burns up calories, and drains away nutrients in diarrhoea and vomiting.

In poor communities without either clean water or safe sanitation, it is not uncommon for children to have between six and twelve such illnesses a year. Malnutrition is the almost inevitable result.

For this reason, many of the priority actions already discussed in this report – and especially measles immunization, breast-feeding, and the prevention and proper treatment of diarrhoeal disease – *would also reduce child malnutrition.*

Practical steps towards ending child malnutrition could therefore be taken in the early 1990s by implementing low-cost methods of preventing and treating child illness and by mounting nationwide efforts to put today's nutritional knowledge at the disposal of all parents.

That knowledge itself is not complicated. Every parent should know:

○ That breast-milk *alone* is the best possible food for the first four to six months of a child's life.

○ That by the age of four to six months, the child needs other foods in addition to breast-milk. Introducing solid foods earlier increases the risk of infection; leaving it much later leads to malnutrition.

○ That a child under three years of age needs feeding twice as often as an adult with smaller amounts of more energy-rich food.

○ That food and drink should not be withheld when a child is ill or has diarrhoea.

○ That after an illness, a child needs extra meals to catch up on the growth lost.

○ That leaving at least two years between births, and making sure the mother-to-be has enough food and rest, is essential for the good health of the mother and for the nutritional well-being of the child.

All channels of communication can support the effort to put this information at the disposal of all, but, as with many other advances in health knowledge, it is the community health worker who can do most to inform and support parents in putting nutritional knowledge into practice.

Ideally, a community health worker should assist all mothers in the monthly weighing of all children under the age of three. In any child, *growth* is the most important single indicator of health. If a child is regularly putting on weight every month, then there is unlikely to be anything fundamentally wrong. If the child is not gaining weight, something is very definitely wrong and action has to be taken.

With only a few months' training, a health worker can perform this and many other vital services, putting at the disposal of parents not abstract nutritional education but timely, practical tips about the health and growth of their own children.

Doing the obvious

This overview shows that effective solutions to the most important causes of illness, malnutrition,

and death among the children of the 1990s are available and affordable *today*.

UNICEF believes that they add up to a case for making the 1990s into a *Decade for Doing the Obvious*. And it is in search of a commitment to do the obvious on a sufficient scale that UNICEF has proposed a *Summit for Children*. For it is only the commitment of a nation's leaders, the awareness of a nation's people, and the mobilization of a nation's organized resources, which can put today's solutions into effect on the scale required.

But it is equally obvious that the available solutions to major child health problems cannot be applied in a total vacuum. Permanent systems of communication, access to services, and practical support are necessary if today's health knowledge is to be truly put at the disposal of the majority. And this in turn depends to a significant degree on the training of health workers, the development of primary health care systems, the availability of water and sanitation services, and the level of literacy and education among the population at large.

These are the dimensions of development which are most threatened by the process of adjustment to debt and recession and which the *Summit for Children* must also address.

Development with a human face

Children cannot wait until our economic mistakes and omissions have been rectified. It is *now* that their minds and bodies are being formed and it is *now* that they need adequate food, health care and education. What is required is a new commitment to a style of development which gives priority to the poor and particularly to the health, nutrition and education of their children *in good economic times and in bad*.

In particular, policy commitments to universal health care and universal education, the two great goals of social development, are of fundamental importance to today's children – and tomorrow's world.

This larger task of moving towards 'development with a human face' would of course require significant additional resources. Assuming that real progress is made in reducing the outflow of debt and interest payments and increasing the inflow of investments to the developing world, then it can be estimated that an additional $50 billion a year would be required, throughout the 1990s, to move forward towards the great human goals of adequate food, water, health care and education for every man, woman and child on earth. The approximate price tag for moving convincingly in this direction is therefore less than one half of one percent of the world's gross international product or about 5% of present military spending.

Half of this sum might come from the developing countries themselves if priorities were re-examined and the balanced tipped more in favour of the poor. The other half, or approximately $25 billion a year, might be expected to come in increased aid from the industrialized nations. To put such a sum into perspective, it would mean increasing today's aid levels by approximately 50% so that, for example, the Western industrialized nations would be giving an average of 0.5% of their GNPs instead of today's 0.35%. The aid target agreed in the 1960s was 0.7%.

Now is therefore the time for the developing nations to analyse what restructuring in favour of the poor is possible within their own resources and to draw up well thought through plans for maintaining and expanding primary education, for primary health care systems, for national nutrition programmes, and for environmental protection.

Such plans could form the basis for an increased and newly directed *aid* and investment effort in the decade ahead.

If such thinking were to become the consensus of the 1990s, then it would be possible to think in terms of compacts between groups of donor nations and individual developing countries for the specific purpose of making measurable progress towards agreed goals which might include universal primary education, low cost water and sanitation services, a halving of child malnutrition, the reduction of measles and neonatal tetanus, and a number of other major advances which are now possible.

In many countries, significantly increased aid for such programmes would be needed to make them politically feasible. And enhancing the political feasibility of long-term action in favour of the poor, and of the environment, is the most important role which aid can play in the 1990s.

For twenty years, aid has remained at approximately one third of one percent of the industrialized world's GNP. It is pitifully small. The financial resources available to the developing world must be increased – through debt reduction, trade reform, and improvements in both the quantity and quality of aid – if progress is to be made. But these resources need to be enlarged as part of a long-term and consciously planned effort to protect the poor from the immediate effects of adjustment programmes and to invest in the most reliable of all engines for future growth – a healthy, well-nourished and well-educated people.

Government and children

It is the particular responsibility of government, in both industrialized and developing worlds, to set the parameters for a new deal for children in the 1990s.

In the lessening of regional and ideological conflicts, in the beginning of progress towards disarmament, and in the birth of a new global awareness of environmental issues, it is possible that, as Soviet Foreign Minister Eduard Shevardnadze has put it, "*A new political intellect is prevailing over the dark legacy of the past*".

If the twenty-first century is to be a better one for mankind than the twentieth has been, then it is essential that the principle of first call for children become a part of that new political intellect.

It is within our power to end child deaths, child abuse, child illness and child malnutrition on the scale which defaces our civilization today. And it is within our power to ensure that every child has a school to go to, a health worker to refer to, and a diet which allows normal mental and physical growth.

But as the 1990s begin, it is important to begin the journey towards those great goals by taking the most obvious first steps. Several of the greatest health advances in human history now fall within the range of the practical and the affordable.

Achieving such progress is no longer a question of physical or financial possibility. It is a question of political priority.

In the developing world, from the traumatic events of the 1980s must be born a new commitment to styles of development which give priority to meeting the minimum needs and enhancing the productive skills of the poor majority during the 1990s.

In the industrialized world, a new commitment to the international development effort is also demanded of political leaders, press and public.

The first step towards this commitment, in both developing and industrialized worlds, would be a decision to realise the major specific opportunities outlined above. The cost of doing so, an additional $2 billion to $3 billion a year, might be shared equally between the developing and industrialized nations.

From the broader perspective of our common future, ensuring the healthy physical and mental development of children is the most important investment that can be made in the healthy social and economic development of our societies. Doing what can now be done to achieve that goal is therefore an issue worthy of its place on the agenda of the world's political leaders, the world's press and the world's public, as we enter the last decade of the twentieth century.

The full text of the 1990 *State of the World's Children* report is available from all UNICEF offices or by writing to the Division of Information, UNICEF House, 3 UN Plaza, New York, NY 10017, USA. The report is also published by Oxford University Press.